

CT-SEDS: Reporting an Incident of a Restraint/Seclusion

Document intended for internal use only—data must be entered in CT-SEDS within 2 business days

Student's Name _____ SASID# _____

Date of Restraint or Seclusion _____ Report Date _____

Restraint or Seclusion Start Time Hours ____ Minutes ____ Seconds ____ AM/PM

Restraint or Seclusion End Time Hours ____ Minutes ____ Seconds ____ AM/PM

Duration of Restraint or Seclusion (Minutes) Minutes ____ Seconds ____

If duration of incident is greater than 15 minutes you are required to enter the name of the administrator who approved the continuation. Note that the approver must be a certified administrator, a school or mental health personnel, or a board-certified behavioral analyst, who has received training in the use of physical restraint and Restraint or Seclusion.

Continuation Time Period

Certified Administrator Name

16 to 45 minutes

46 to 75 minutes

76 to 105 minutes

106 to 135 minutes

Incident Location

_____ (Facility where the Restraint or Seclusion occurred i.e. school, instructional site from diagnostic placement, summer program, transportation, other (note: CSDE will follow-up on incidents reported using other)).

Staff Administering the Restraint or Seclusion

Is the staff member appropriately trained?

- Yes
 No

Staff Witnessing/Monitoring the Restraint or Seclusion

Restraint or Seclusion Circumstances - What was the Reason or Circumstance for using a Restraint or Seclusion?

- Immediate or imminent risk of injury to self
 Immediate or imminent risk of injury to others
 Immediate or imminent risk of injury to self and others

Restraint Type

- Physical Restraint
 Sitting Hold/Control
 Standing Hold/Control
 Floor Hold/Control
 Forcible Escort

Incident Injury - Was the student injured during the Restraint or Seclusion?

- Yes, there was an injury to the student
- No, no injury or additional intervention required
- No, no injury, however, ambulance was called, and student transported to hospital for psychiatric evaluation because student could not be calmed without additional intervention
- No, no injury occurred during the Restraint or Seclusion. However, the student sustained an injury during the behavior that necessitated staff to respond by using Restraint or Seclusion



Injury Details Section: only complete if Incident Injury=Yes.

Injury Details - Student Injury Details (Select all that apply):

- Bite Mark(s)
- Bruising, Red Mark(s) and/or Petechiae
- Bump(s) and/or swelling
- Headache
- Minor Bleeding
- Minor Cut, Laceration, Scratch and/or abrasion(s)
- Head Injury assessment by school personnel was Negative for a concussion
- Numbness, Tenderness, Discomfort and/or Pain Reported
- Immediate Medical Evaluation/Intervention Required *potential serious injury information is required
- Later Medical Evaluation/Intervention Reported *potential serious injury information is required

First Aid and Injury Location - Select type of First Aid provided to the student (check all that apply):

- Evaluated by Nurse
- Band-Aid
- Ice
- Neosporin or Bacitracin Ointment
- Student declined medical attention
- No medical treatment required

Location of Injury on Student Body - Select type the location of injury(s) on the student's body (check all that apply):

- Head/Face/Mouth
- Front Torso
- Rear Torso
- Left Arm / Elbow / Hand
- Right Arm / Elbow/ Hand
- Left Leg / Knee / Foot
- Right Leg / Knee / Foot

Injury Site at School - Please identify the location in the school or other site the student was injured:

- Hallway
- Classroom
- Timeout Area
- Outdoors
- Community Setting
- Other



Serious Injury Section: only complete If Injury Details=**Immediate Medical Evaluation/Intervention Required or Later Medical Evaluation/Intervention Reported**

Outcome of Medical Evaluation

During the evaluation by a medical professional, was an injury identified?

- Yes, describe injury and reported results of the medical evaluation _____
- No



Serious Injury – Injury Identified Section: only complete If Outcome of Medical Evaluation =**Yes**

Injury Cause

- Yes, describe the self-injurious behavior or accidental event that resulted in the injury. Reminder, only include details about the specific action that resulted in the injury, not the student behavior that caused staff to intervene using restraint or Restraint or Seclusion. _____
- Pending

Injury Result - Did the injury result in the death of the student? (Required)

- Yes
- No

Investigation of Incident

Is your agency/organization is investigating this incident.

- Yes, what is the status of the investigation?
 - Ongoing
 - Completed
 - Reported to DCF/DDS
- No

Student Activity or Behavior Precipitating the Incident

Describe the location and activity in which the student was engaged just prior to the incident and describe the observed behavior that led staff to classify the incident as an emergency.

Staff Activity or Response to the Incident

Describe steps, including de-escalation strategies, implemented to prevent the emergency.

Staff Monitoring of Student Physical Distress

The staff monitored the student for physical distress during the incident.

- Yes

Did the student demonstrate physical distress during the Restraint or Seclusion?

- Yes
- No

If yes, what signs of physical distress in the student were noted by the staff?

Cessation of Incident

How did the incident terminate?

- Determination by staff member that student was no longer a risk to themselves or others
- Intervention by administrator(s) to facilitate de-escalation
- Staff sought in-house medical assistance
- Emergency personnel arrived
- Other, describe _____

Parent Guardian Notification

Manner of notification of incident with 24 hours

- Verbal notification in-person
- Phone Call
- Sent note home with student
- Email

How will the district provide the parent a copy of the incident report?

- Hand Deliver
- Incident report will be sent home
- Incident report will be mailed home
- Incident report will be sent via parent portal

Further Action to be Taken

The school will take the following actions (check all that apply):

- PPT will convene to review/revise IEP
- PPT will convene to discuss FBA
- PPT will convene to develop/revise BIP
- Meeting required for general education student
- Convene Crisis Team Meeting
- Debrief with staff regarding incident
- Review incident with student to address behavior that precipitated the incident
- Consider whether follow-up is necessary for students who witnessed the incident
- Staff will need to review de-escalations strategies to reduce reoccurrence
- Other _____